

Anoxic Brain Injury

A 22-year-old male suffered a prolonged anoxic event on October 11, 2004, and was found unresponsive. Patient's condition on admission to the emergency room included anoxic brain injury, acute renal failure, hepatic injury, severe cognitive deficits in various domains appearing sedated with a fixed gaze and a complete dependency for functional mobility including rolling over or sitting up. He followed some simple commands inconsistently. The patient presents on November 24, 2004, for hyperbaric oxygen therapy as an inpatient at the Shepherd Center.

Patient Residuals

- Unable to track visually
- Unable to walk or sit-up
- Severely compromised mental ability
- Profuse sweating and heavy breathing
- Needed cues to say his name
- Repetitive whistling and spitting
- Short and long term memory loss

HBOT Protocol

- 30 HBOT
- QD M-F
- 1.5 ATA
- 60 min. at Tx pressure
- Continue PT, OT, RT, ST and wound care
- End HBOT January 17, 2005

Patient Results

- Able to track visually after Tx 3
- Walking with a cane but improving
- Conversation returns to normal
- No cognitive deficits
- Shepherd Center reports patient made the quickest recovery in the history of that ward

Additional results on September 18, 2006

- Patient states, "I am doing great and I have no problems to report." Pt now has a newborn child and has returned to work full time.

